



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Ms. Barbera J. Trosiek-Kett, Administrator
Michael M. Trosiek, Jr.
P.O. Box 535
New Salem, Pennsylvania 15468

RE: Trosiek's Personal Care Home
214 Second Street
New Salem, Pennsylvania 15468
License #: 450260

Dear Ms. Trosiek-Kett:

As a result of the Department of Human Services' annual licensing inspections on July 12, 2016 and October 19, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: TROSIEK S PERSONAL CARE HOME		License Number: 45026
Address: 214 SECOND STREET, NEW SALEM, PA 15468		County: Fayette
Administrator: Barbara J. Trosiek-Kett		Region: CENTRAL
Legal Entity Name: MICHAEL M TROSIEK JR		
Legal Entity Address: P.O. BOX 535, NEW SALEM, PA 15468		
Certificate(s) of Occupancy		
R4 08/14/2007 Fayette County	C-3 SP 12/17/1993 Labor and Industry	C-3 SP 12/15/1986 Labor and Industry
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/12/2016: Bomberger, Cybil; Showers, Michael		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 12	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 10	
Area:	Have Mental Illness: 11	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 45026 - 07/12/2016 - Bomberger, Cybil
 PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training does not include documentation for the completion of the training topics required in regulations 2600.65(a), 2600.65(b), and 2600.65(c) for Staff Person A and Staff Person B.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator will record all documentation of training of staff persons. Enclosed are copies of Staff person A + B's documentation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Barbara J. Trosiek-Kett

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara J Trosiek-Kett / Administrator. Date Aug 1, 2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/9/16</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>8/9/16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 45026 - 07/12/2016 - Bomberger, Cybil
 PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home performs blood sugar testing on three residents. During interviews, the home's administrator stated that Resident # 1's glucometer is used to test the blood sugars for all three residents. Resident #1's glucometer has been used for Resident # 2's testing since 3/16/16, and for Resident # 3's testing since 10/24/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Administrator will use separate glucometers, assigned to each resident. All testing supplies are labeled with each residents name on them.
- All staff responsible for blood sugar testing have been re-educated on proper testing procedures and that the shared use of glucometers is not allowed. BAS 8/9/16
- The physicians for Resident #1, #2, and #3 shall be notified of the shared glucometer use. All recommendations, including the testing for blood borne pathogens, shall be followed by the home. - BAS 8/9/16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Barbara J. Trostiek-Kerr

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara J Trostiek-Kerr / Administrator. Date Aug 1, 2016

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The above plan of correction is approved as of <u>8/9/16</u> (Date)	Plan of correction implementation status as of <u>10/19/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45026 - 07/12/2016 - Bomberger, Cybil
 PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The hot water in the first floor bathroom measured 128 degrees Fahrenheit at 2:45 pm and 129 degrees Fahrenheit at 3:15pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator had maintenance person lower water temperature
 Administrator will check water temperature 3x a day
 for 1 week and will continue to monitor daily

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Barbara J. Trostiek-Kett

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara J. Trostiek-Kett / Administrator Date AUG 1, 2016

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 (Date)

The above plan of correction was approved by BKS
 (Initials)

Plan of correction implementation status as of 8/9/16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45026 - 07/12/2016 - Bomberger, Cybil

PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

An unlabeled bar of blue soap was found on the sink in the first floor bathroom located to the rear of the dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents are given a soap container with there name on it. Administrator will moniter the residents to make sure that they put there's back. into there containers. Administrator will do daily checks, before + after baths. Soap Dispensers are located on the wall above the sink.

All current residents have been re-educated to use the soap containers.

All staff have received re-education on proper storage of residents' soap.

BAS
8/9/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Barbara J. Trosiek Kerr

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Barbara J. Trosiek Kerr

Date

AUG 1 2016

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8/9/16
(Date)

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8/9/16
(Date)

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BAS
(Initials)

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Violation Report: 45026 - 07/12/2016 - Bomberger, Cybil
 PCH Name: TROSEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the 2009 Toyota Corolla, used by the home to transport residents, does not contain a thermometer, breathing shield, and eye coverings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator had maintenance staff put back thermometer breathing shield & eye coverings into the first aid kit. Administrator will do daily checks for 1 week to make sure everything is there.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Barbara J Trosek Kerr

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara J Trosek Kerr / Administrator Date AUG 1, 2016

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The above plan of correction was approved by <u>BJS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented